## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/532439

| ı                        |  | 01.41110                                  |   |                               |                       |                                       |   |                     |                        |    |                            |                        |
|--------------------------|--|---|---|-------------------------------|-----------------------|---------------------------------------|---|---------------------|------------------------|----|----------------------------|------------------------|
| CLAIMS A                 |  |   | AS FILED -                                  |                               | (Column 2)            |                                       |   | SMALL ENT           | IITY                   | OR | OTHER<br>SMALL E           |                        |
| U.S. NATIONAL STAGE FEES |  |   |   |                               |                       |                                       |   | RATE                | FEE                    | 1  | RATE                       | FEE                    |
| BASIC FEE                |  |   | SMALL ENT                                   | Г. = \$ 150                   | LARC                  | SE ENT. = \$ 300                      |   | BASIC FEE           | 150                    | OR | BASIC FEE                  |                        |
| EXAMINATION FEE          |  |   | Satisfies PCT /<br>(4) = \$50               |                               |                       | her situations = 100 / \$ 200         |   | EXAM. FEE           | 56                     |    | EXAM. FEE                  |                        |
| SEARCH FEE               |  |   | U.S. is ISA =<br>ALL other co<br>\$ 200 / S | untries =                     |                       | ll other situations = \$ 250 / \$ 500 |   | SEARCH FEE          | 50                     |    | SEARCH FEE                 |                        |
| FEE FOR EXTRA SPEC. PGS. |  |   | mir   | us 100 =                      |                       | / 50 =                                |   | X \$ 125 =          |                        |    | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 2 / minus 20 = *                            |                               |                       | •                                     |   | X \$ 25 =           | 25                     | OR | X \$ 50 =                  |                        |
| INDEPENDENT CLAIMS       |  |   | 3 minus 3 = .                               |                               |                       |                                       |   | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
| MUL                      | TIPLE DEPEN                                    | DENT CLAIM PR                             | SENT -                                      |                               |                       |                                       |   | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
| * If                     | the difference                                 | in column 1 is                            | ess than zero, enter "0" in                 |                               |                       | lumn 2                                |   | TOTAL               |                        | OR | TOTAL                      |                        |
|                          |  |   |   |                               | (Column 2) (Column 3) |                                       |   | SMALL ENTITY        |                        |    | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A              |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUM<br>PREVK<br>PAID  | BER<br>DUSLY          | PRESENT<br>EXTRA                      |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                          | Total  | *   | Minus                                       | **                            |                       | =                                     |   | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
|                          | independent                                    | *   | Minus                                       | ***                           |                       | <b>=</b> ·                            |   | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
| •                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                               |                       |                                       |   | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
|                          |  |   |   |                               |                       |                                       | • | TOTAL ADDIT.<br>FÉE |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
|                          |  | (Column 1)                                |   | (Colur                        |                       | (Column 3)                            |   |                     |                        |    |                            | •                      |
| AMENDMENT B              |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY          | PRESENT<br>EXTRA                      |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                          | Total  |   | Minus                                       | **                            |                       | = .                                   |   | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
|                          | Independent                                    | *   | Minus                                       | ***                           |                       | =                                     |   | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
|                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                               |                       |                                       |   | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
|                          |  |   |   |                               |                       |                                       |   | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
|                          |  |   |   |                               |                       |                                       |   |                     |                        |    |                            |                        |
| *                        | If the entry in colu                           | umn 1 is less than th                     | e entry in column                           | 2, write "0"                  | in colum              | n 3.                                  |   |                     |                        |    |                            |                        |

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.